

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD
9535 E. Doubletree Ranch Road, Suite 100, Scottsdale, AZ 85258
Phone (602) 364-1PET (1738) FAX (602) 364-1039
vetboard.az.gov

received
8/28/17

COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: Aug 28, 2017 Case Number: 18-16

A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: Dr. Edwin Kiesel
Premise Name: Camino Seco Pet Clinic
Premise Address: 8860 E. Broadway Blvd.
City: Tucson State: AZ Zip Code: 85710
Telephone: 520-296-6281

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

Name: Diane Perez
Address: [REDACTED]
City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]
Home Telephone: [REDACTED] Cell Telephone: [REDACTED]

*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.

C. PATIENT INFORMATION (1):

Name: Gabby
Breed/Species: -
Age: 7 Sex: F Color: Black/Grey/White

PATIENT INFORMATION (2):

Name: _____
Breed/Species: _____
Age: _____ Sex: _____ Color: _____

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:

Please provide the name, address and phone number for each veterinarian.

Camino Seco Pet Clinic
Dr. Kiesel
8860 E. Broadway Blvd.
Tucson, AZ 85710

University Pet Clinic
1506 N. Tucson Blvd.
Tucson, AZ 85716

E. WITNESS INFORMATION:

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

Kevin Hill, Brianna Perez
[REDACTED]
[REDACTED]
[REDACTED]

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: Dr. [Signature]

Date: 8/25/17

F. ALLEGATIONS and/or CONCERNS:

Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

SEE ATTACHED.

To Whom It May Concern,

I am making this complaint on a Veterinarian we have been using for over 5 years now. We have 3 cats and 2 dogs and have taken them all to Dr. Kiesel at Camino Pet Clinic. This last time he took our money and told us he provided a service that he actually did not. And in the process he left one of our cats ill.

On 5/31/17 I took one of our pets cats, Gabby, to his clinic. She was having a lot of eye and nose discharge. At this appointment I was told by Dr. Kiesel that she had a bad tooth that needed to be removed. He explained how their teeth and nasal cavity are all connected, and how it would continue to get worse until the tooth was pulled. He sent us home with an antibiotic and eye drops until we could get her back for the tooth extraction. The nurse informed me to purchase a Groupon for the actual procedure. The Groupon was for 50% off (\$300, normally \$600) teeth cleaning but explained that they would honor it for the extraction as well. I would like to point out that this appointment was not included in the medical records that we recently received. I do have proof of this appointment on my bank account since they did charge me \$161.93 for this visit (I also have a receipt).

On 6/8/17 we took Gabby in for the tooth extraction. We were never called throughout the day to inform us of her condition. When we picked her up at 4:30pm we were told that they didn't feel comfortable moving forward with the procedure since her blood work showed abnormal kidney levels. They had us put her on a prescription diet and we made another appointment for July.

On 7/15/17 Gabby had her tooth extracted (or so we were told). I was told when we picked her up that she was given an antibiotic injection that would last 10 days. During the next 2 weeks she started getting worse. She got very congested. We could hear her breathing all the way on the opposite side of the house. She wouldn't eat and started to rapidly lose weight.

On 7/26/17 I made a 3:30pm for a follow up. The nurse/office manager, Mary, examined her and explained that the Dr. would be in to see her. An hour later, she came back into the room and explained that the Dr. would like me to leave her overnight (with no expense to me). He thought that perhaps he left a portion of the infected tooth behind and would like to put her back under anesthesia to double check. He never once came into the room to examine her before I left.

The next day I finally reached someone, after leaving numerous messages throughout the day, at about 3 in the afternoon. I was told she was doing well and could be picked up. When I picked up, they handed her over with no explanation. While at the front desk I had to grill the nurses for any information about what they found or didn't find and why she wasn't getting any better. No one had an explanation for me, other than the Dr. didn't find anything left behind. At this point Dr. Kiesel walked out and started changing the thermostat and turning lights off. I asked him what was going on, and he told me her congestion was just a residual to her tooth being pulled and would subside in about a week. They told me they gave her another antibiotic injection and was charging me for nose drops to take home. When I got home and reviewed the invoice they emailed me I noticed they charged me \$88.38. I called the next day and told them I was told I would not be charged for anything other than the nose drops and I requested a refund. I did finally get a refund over 2 weeks later.

During those 2 weeks Gabby proceeded to get worse, not better as the Dr. had told me she would. My family and I decided to make an appointment with a different Veterinarian. We took her to University Pet Clinic on 8/5/17. They had to start from scratch and decided to give her a different antibiotic until they could get the medical records from Camino Pet Clinic. We took her back to University Pet Clinic on 8/12/17 for a follow up. The Vet explained that they were not able to get a complete set of her medical records even after calling them multiple times and being left on hold for over 20 minutes. They suggested the best thing to do would be to start with a complete blood test, dental x-rays and while she is under anesthesia to do a thorough check of her nasal cavity.

On 8/22/17 we took her in for the x-rays. They concluded that NO teeth had been removed and that she did indeed need 2 teeth extracted that were badly infected. They removed the teeth on that day. Today I can say that she is definitely feeling better. She is back to eating and her breathing is almost back to normal!! We have paid University Pet Clinic over \$1,000.00 for the 3 visits there.

Dr. Kiesel needs to be investigated. Our pet should never have had to get as badly ill as she did. He is a fraud and needs to be held responsible for this. I have spoken to the receptionist at Camino Seco Pet Clinic (Yasmine Molina) and she is fully aware that he didn't pull any teeth. He will not return my phone calls because I'm sure he doesn't want to face the fact that I know what he did or did NOT do. I'm sure we are not going to see any of this money back, but honestly I think he should be responsible for pay us back what we had to pay the other Veterinarian to do, that he told us he had did in the first place!!

I want to thank you for your time. Please feel free to call me with any questions or concerns. I can provide you with my bank statement and the medical records that they did provide if needed.

Thank You,

Diane Perez

This is my account of Gabby Perez.

We determined that a bad tooth was the probable cause of her nasal discharge. (please see records dated 5/31/17) where I told the owner a dental would be needed or the problem would come back. In the mean time we treated with anti biotic in the hope of controlling the problem until a dental could be done. We told her to get a groupon as it would save her money and we knew that was a concern.

when she came in for the dental on 6/07/17 we did our pre-op blood work and determined that the kidney values were high..(at that time we were not sure but suspected renal problems) . We called the owner and talked to the husband explaining why we did not do a dental and that a special diet may help. We told then to try the diet and gave anti biotic to control the infection until we could do the anesthesia safely. The male owner said he understood so when the owner came in later in the day to pick up the cat she said she was not called but we did call. Then on 7/15/17 the owner brought Gabby in for the dental. I decided because of the renal problem and the owner saying she seemed better It would be safer house gas instead of injectable anesthesia. I therefore held the cat and used a mask to put her under anesthesia and she did not fight it at all.(if she did I would have not continued). I cleaned the teeth but seeing that the renal values were high and the infection seemed under control I did not want to stress the cat our further... My position is my oath DO NO HARM. I would be in the same situation if I did the dental and then she had kidney problems so my opinion was that an infection under control was better that risking renal problems that would not get better. we told the owner no teeth were pulled because of the type of anesthesia used and the stress it would cause so I do not understand why she thought we did pull the tooth. The tooth needed pulling but again I was being cautious and if the cats condition worsened (meaning the kidneys not the infection) I would not pull the tooth. Then on 7/27 17 the owner complained that the cat is getting worse so I said bring her in and she did. I again elected iso anesthesia as it worked so well last time and it again worked well but the mouth looked fine and I would have pulled the teeth at this time but now the blood work showed that the cat was anemic.....(renal or chronic infection a) I was not sure but renal values were better at this time and I though we were making headway. The owner said I said I left a part of the tooth in or may have but this could not be true because I did not pull any teeth so I think there was a misunderstanding. What i told her was the tooth was still a concern but with the anemia we need to make sure if we go in and pull the tooth no problems will occur, The worsening of the anemia certainly made me leery of renal concerns but the teeth were also a concern. When the owner complained about the cost we refunded her money and she got her money back from the groupon so all the blood tests and anesthesia and anti biotic we used were just written off as cost of an unhappy client, but I would never have done anything different. The fact that another veterinary pulled the tooth and everything is ok is great news but it could have turned out badly for an anemic cat with renal problems.

Wendy, Ed Liesel

CAMINO SECO PET CLINIC
8860 E BROADWAY BLVD
TUCSON, AZ 85710
520-296-6281

8/30/17

In response to the consumer complaint received,

According to our program vetport.com, which we discontinued using starting 6/1/17, "Gabby" Perez was brought in for eye discharge on 5/31/17. We performed a tear test to see if the cause for the discharge was possibly a blocked tear duct, which didn't end up being the case. Dr Kiesel concluded upon examination that the discharge was most likely due to a bad tooth that needed to be extracted. He explained to "Gabby"s owners that the sinuses are all related and a problem in the mouth could affect the eyes and/or nasal passage. Until the owners would be able to bring "Gabby" back for a dental procedure, Dr Kiesel sent home prescriptions for an oral antibiotic (amoxicillin drops 15ml bottle) and a nasal antibiotic (tobramycin ophthalmic solution 0.3% 5ml bottle). When we were asked for the medical records according to this issue, we immediately sent over email everything that we had in our new program evetpractice.com not realizing the very first visit concerning the eye discharge was from the day before we launched in the new program and it had not been integrated over from vetport.com. We have since then sent the records from the visit on 5/31/17, invoice included, to the Perez family.

On 6/8/17, "Gabby" was brought to us and admitted for the dental procedure, which she had purchased agroupon for. Before any anesthesia, blood tests are required so the doctor can determine was type of anesthesia would be safest for each individual animal. As per protocol, we ran blood for "Gabby" and submitted it to the doctor for review. Due to elevated kidney levels with BUN @ 42mg/dl (normal ranges 18-36mg/dl) and Creatinine @ 2.2 mg/dl (normal ranges 0.6-2.0mg/dl), Dr Kiesel decided that it would be best to place her on a special diet formulated for kidney rehabilitation for a week or two before moving forward with any anesthetic procedures. According to our records, staff contacted Mr. Perez with the information and explained that we weren't going to go ahead with the dental that day. Mr. Perez didn't ask any questions, and agreed to pick "Gabby" up later in the day. This phone call is logged under "medical record notes" @9:30am 6/8/17.

On 7/15/17, "Gabby" was brought back to proceed with the dental procedure, which we agreed to honor at thegroupon price since it had expired since the original procedure date. To be completely sure that she was okay for anesthetic induction, the blood was to be rechecked. Dr Kiesel found that the kidney levels were better but the creatinine was still higher than normal range so he decided to use a gas anesthetic rather than an injectable anesthetic. The gas anesthetic would be a faster induction as well as a faster recovery so it would have less detrimental affects on the kidneys. Under "medical record notes" the doctor stated that he cleaned and polished the teeth with ronguer and an electronic scaler. He also documented the monitoring for the procedure. On the medical record for this visit, there is no dental chart which would be present to show which teeth (if any) were extracted. There is also nothing written in the notes indicating that any teeth had been pulled.

Our communication log for 7/24/17 shows we talked to "Gabby"s owner regarding their concerns about her sounding congested, that it didn't present itself until after the dental procedure, and that it seemed to be getting worse. We asked, and documented in the medical record notes, about her appetite to which we were told she was eating normally. We made an appointment for 7/26/17 in the afternoon since it was the soonest the doctor could see her since he was coming back into town that morning.

Upon entrance, we always ask general history questions which are logged into the patient's record under "General History Form", and we rely on the owner to provide us with the most accurate information they can. Two questions we have regard the patient's eating and

drinking habits (whether there has been an increase or decrease), and according to the "General History Form" found in "Gabby"s medical records from 7/26/17 the information we got from the owner was that she was eating and drinking normally with no change. The recorded vitals show the temperature was normal (101.1 degrees) and the pulse and respirations were slightly elevated but still within normal limits. Dr Kiesel decided to keep "Gabby" overnight to monitor as well as prepare to put her under anesthesia the following day to take radiographs in case there was something causing the eye/nasal discharge that we couldn't see.

On 7/27/17, Dr Kiesel found that "Gabby" was (in fact) eating, drinking, urinating, and defecating normally. He wanted to do more blood work to check how the renal diet was working out and he found that they were. The kidney levels were almost to the normal range, but "Gabby" was now anemic. He suspected the anemia could either be from a chronic long term problem or something like bone marrow suppression, which can cause non regenerative anemia. Since there was now an added anesthetic risk, and "Gabby" was seeming to be doing better while under hospitalization monitoring, Dr Kiesel decided to bypass the anesthesia and radiographs and continue with antibiotics for the time being. He administered another Convenia injection and sent home another prescription for tobramycin ophthalmic solution to be put up "Gabby"s nose. In the medical record notes for 7/27/17, he states everything he found along with his decision to hold off on x-rays. He also stated if this problem were to become chronic, he would need to move forward with anesthesia and radiographs in the future.

We are sending along with this response, the complete medical records for "Gabby" Perez as well as the refund receipts for the services rendered.

DOUGLAS A. DUCEY
- GOVERNOR -



VICTORIA WHITMORE
- EXECUTIVE DIRECTOR -

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

9535 E. DOUBLETREE RANCH RD, STE. 100, SCOTTSDALE, ARIZONA 85258

PHONE (602) 364-1-PET (1738) ♦ FAX (602) 364-1039

VETBOARD.AZ.GOV

INVESTIGATIVE COMMITTEE REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: PM Investigative Committee: Robert Kritsberg, D.V.M. - Chair
Donald Noah, D.V.M.
Adam Almaraz
Amrit Rai, D.V.M.
Tamara Murphy

STAFF PRESENT: Tracy Riendeau, CVT – Investigations
Sunita Krishna, Assistant Attorney General

RE: Case: 18-16

Complainant(s): Diane Perez

Respondent(s): Edwin Kiesel, DVM (License: 1360)

SUMMARY:

Complaint Received at Board Office: 8/28/17

Committee Discussion: 11/7/17

Board IIR: 12/13/17

APPLICABLE STATUTES AND RULES:

Laws as Amended July 2014

(Salmon); Rules as Revised September
2013 (Yellow)

On July 15, 2017, "Gabby," a 7-year-old female domestic short hair cat was presented to Respondent for a dental procedure due ocular and nasal discharge. The procedure had been postponed previously due to elevated renal values.

At discharge, Complainant stated she was advised that a tooth was extracted however Respondent relayed that he did not extract a tooth, only cleaned the teeth, as he did not want to put further stress on the cat.

On July 27, 2017, the cat was presented to Respondent as the congestion was getting worse. Complainant stated she was advised that it was possible that a tooth root was left behind causing issues. According to Respondent, he anesthetized the cat but did not extract teeth due to the cat's anemia.

On August 5, 2017, the cat was presented to University Pet Clinic for a second opinion. The cat's congestion was treated and a dental with extractions was subsequently performed.

Complainant contends Respondent was negligent in the care of the cat.

Complainant was noticed and appeared telephonically.
Respondent was noticed and appeared with Counsel, David Stoll.

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: *Diane Perez*
- Respondent(s) narrative/medical record: *Edwin Kiesel, DVM*
- Consulting veterinarian(s) narrative/medical record: *University Pet Clinic*
- Witness(es) narrative: *Brianna Perez and Kevin Hill*

PROPOSED 'FINDINGS of FACT':

1. On May 31, 2017, the cat was presented to Respondent due to ocular and nasal discharge. According to Complainant, Respondent advised her that the cat had a bad tooth that needed extracted, explaining that teeth and nasal cavity are connected and the cat would continue to get worse until the tooth was removed. Upon exam, the cat had a weight = 10.9 pounds, a temperature = 101.9 degrees, a heart rate = 180bpm and a respiration rate = 40rpm; BP = 218/156. Respondent noted that the cat had discharge coming from the right eye and right nasal passage. He further noted that the cat had a bad tooth in the back right side of the mouth therefore he recommended antibiotics and a dental procedure.

2. A Schirmer tear test was performed: Left eye -23; Right eye - 28. Amoxicillin drops and Tobramycin ophthalmic solution was dispensed and the cat was discharged. Complainant made an appointment for the cat's teeth to be evaluated and possible extractions.

3. On June 8, 2017, the cat was presented to Respondent for tooth extraction. Blood was collected and revealed an elevated BUN (42) and Creatinine (2.2). Respondent thought it would be best to hold off on surgery due to the cat's kidney values. He contacted Complainant's husband and explained that anesthesia was a greater risk due to the elevated kidney values and wanted to put the cat on a special diet and recheck in a week. No other treatments were recommended and type of diet not documented.

4. According to Complainant, they had not heard from Respondent throughout the day and when she went to pick up the cat, she was informed of the abnormal kidney values and the recommendation of a prescription diet. An appointment was scheduled for the following month to recheck blood work.

5. On July 15, 2017, the cat was presented to Respondent for a tooth extraction. The cat had a temperature = 101.2 degrees, a heart rate = 169bpm and a respiration rate = 45rpm (no weight noted) just prior to placing in box (to anesthetize?); out of box, the cat had a temperature = 102 degrees, a heart rate = 150bpm and a respiration rate = 30rpm. No other systems were noted as being examined. Blood work was not rechecked prior to anesthesia.

6. According to Respondent, he held the cat and used a mask to anesthetize her (using isoflurane?). He cleaned the teeth but since the renal values were high and the infection appeared under control, he did not want to stress the cat further by extracting teeth. The medical record reads that the teeth were in good shape; only the upper left molars were bad with calculi and red gums. The calculi was broke off using a ronguer and an electronic scaler. The teeth were quickly polished as the cat was waking. No IV or SQ fluids were administered.

Recovery was uneventful (T = 101.4, P = 155, R = 45). No anesthetic monitoring was noted although it is not clear how long the procedure took.

7. According to Complainant, when she arrived to pick up the cat, she was told the cat was administered an antibiotic injection that would last 10 days. There are no notations in the medical record that the cat was administered an injection.

8. On July 26, 2017, the cat was presented to Respondent for a recheck as the cat was progressively getting worse, not eating and losing weight. According to Complainant, staff member Mary examined the cat and advised that Respondent would be in shortly. Approximately an hour later, Mary returned to explain that Respondent wanted the cat to stay overnight as he thought a tooth fragment had been left behind and he would like to anesthetize her again to evaluate the area. Complainant approved and left the cat without speaking with Respondent.

9. Upon exam, the cat had a weight = 10 pounds, a temperature = 101.1 degrees, a heart rate = 167bpm and a respiration rate = 40rpm. The medical record states that it was reported that the cat was eating normal and convenia was administered on the 8th of July when the dental was performed. The dental was performed on the 15th of July and the record does not show convenia was administered.

10. The following day (7/27), blood work was performed at 9:05am and revealed the following abnormal results:

ALP	<5	10 - 90
AMY	1245	300 - 1100
BUN	32	10 - 30
CA	13.3	8 - 11.8
CREAT	2.1	0.3 - 2.1
TP	8.7	5.4 - 8.2
GLOB	5.8	1.5 - 5.7

11. Respondent noted in the medical record that there was a light yellow mucoid discharge coming from the right nostril and teeth looked fine but only a radiograph could tell them for sure and anesthesia would be needed for that. Respondent further documented that the blood work showed the cat was now anemic with a PCV = 19% (HCT on lab strip = 38.22%) therefore would bypass the anesthesia and radiographs for now and try convenia again with tobramycin nasally; if the problem became chronic, he would need radiographs under anesthesia.

12. However, Respondent stated in his narrative that he elected to anesthetize the cat again with isoflurane; the mouth looked fine and he would have pulled teeth at this time but now the blood work showed that the cat was anemic.

13. Respondent's medical records show surgical monitoring (which is not in the medical records that Complainant submitted) that the cat was anesthetized for 30 minutes. The medical record reads that Respondent was not able to take radiographs which would be what they may need and can be done later if this does not work (not sure what "this" is since the teeth were cleaned two weeks prior). Respondent cleaned teeth but there was no real tartar build up or gum disease and no exposed roots – may need deeper anesthesia to get radiographs and remove

teeth. The cat was administered convenia 80mg/mL, 0.4mL – route unknown, and dispensed Tobramycin – apply one drop between nostrils three times a day.

14. According to Complainant, after leaving numerous messages she was finally called and told the cat was doing well and could be picked up. When she arrived at the premise, she was handed the cat with no information on why the cat was not getting better. Respondent walked out into the lobby to adjust the thermostats and turn the lights off therefore Complainant asked what he found. Respondent told her that the congestion was a residual to the tooth being pulled and would subside in about a week. Another antibiotic injection was given along with nose drops to take home.

15. On August 5, 2017, the cat was presented to University Pet Clinic for a second opinion due to the cat not improving. Dr. White reviewed the cat's history which was difficult to follow reading Respondent's medical records. The tentative diagnosis was sinusitis and the cat was discharged with Clindamycin with instructions to recheck in one week.

16. On August 12, 2017, the cat was presented to Dr. Adams at University Pet Clinic for a recheck. Dr. Adams was concerned that she did not see any missing teeth after listening to Complainant's beliefs that a tooth was pulled; she was also concerned about the anemia. Repeat blood work was recommended and Dr. Adams wanted to review the records from Respondent.

CK	647
Creat	2.8
Ca	11.9
SDMA	30
HCT	38
Chlor	2.0

17. Dr. Adams had difficulty obtaining the medical records and what was sent was not legible and there was no report of extractions or dental radiographs. After reviewing the records, Dr. Adams recommended the cat see an internist due to her concerns for a more systemic disease.

18. On August 22, 2017, Dr. Adams saw the cat for anesthesia and oral radiographs. Extractions were performed and she recommended a radiologist consult based on the skull radiographic findings. She also recommended a Feline respiratory PCR panel – which were declined. A culture and sensitivity was performed.

19. On August 29, 2017, Dr. Adams relayed the results to Complainant who reported the cat was much improved.

COMMITTEE DISCUSSION:

The Committee discussed concerns that Respondent continued to be reluctant to perform a thorough dental with extractions which were needed from the onset considering the signs and symptoms the cat was exhibiting. The renal values were not that far out of the range of normal.

The Committee also discussed concerns regarding Respondent's lack of skill with respect to placing an IV catheter and intubating a cat. Although xylazine and ketamine have been

effective anesthesia agents in cats, it should not be used for dental procedures and masking a cat is not effective when performing a dental. However, a cat can be masked down to a point where an endotracheal tube can be placed, an IV catheter can be inserted, fluids can be started to bring down the renal values and the tooth can be extracted.

The Committee was very concerned about the medical records and believe the cat was anesthetized twice despite what Respondent claimed. They also felt Complainant was led to believe that the tooth had been extracted.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that possible violations of the *Veterinary Practice Act* occurred.

COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board find:

ARS § 32-2232 (22) Medical incompetence; lacked sufficient knowledge or skill to a degree likely to endanger the health of the cat as demonstrated by the inability to intubate the cat or place an IV catheter. The cat's elevated renal values and anemia did not warrant delaying the tooth extraction.

ARS § 32-2232 (21) failure to maintain adequate medical records – extraneous information in the medical records.

ARS § 32-2232 (21) as it relates to AAC R3-11-502 (E) no discharge instructions documented in the medical record on July 15, 2017 or July 27, 2017.

ARS § 32-2232 (21) as it relates to AAC R3-11-502 (H) (1) no signed authorization was obtained before general anesthesia was administered or surgery was performed.

ARS § 32-2232 (21) as it relates to AAC R3-11-502 (H) (3) no surgical monitoring was documented on July 15, 2017 or July 27, 2017.

ARS § 32-2232 (21) as it relates to AAC R3-11-502 (L) (2) no weight documented in the medical record on July 15, 2017.

ARS § 32-2232 (21) as it relates to AAC R3-11-502 (L) (4) no results of an exam documented in the medical record on July 15, 2017.

ARS § 32-2232 (21) as it relates to AAC R3-11-502 (L) (6) failure to accurately document treatment provided on June 8, 2017, July 15, 2017 and July 27, 2017;

- o *June 8, 2017 – treatment not documented;*
- o *July 15, 2017 – cat presented for blood work which was not performed. Records indicate cat was anesthetized, Respondent claims the cat was not anesthetized on that day; and*
- o *July 27, 2017 – Records state Respondent was going to perform anesthesia and*

radiographs however the records also indicate cat was anesthetized and the teeth were cleaned.

ARS § 32-2232 (21) as it relates to AAC R3-11-502 (L) (7) no documentation in the medical record of the convenia administered to the cat on June 8, 2017.

ARS § 32-2232 (21) as it relates to AAC R3-11-502 (L) (7) no documentation in the medical record of the anesthesia administered to the cat on July 27, 2017.

ARS § 32-2232 (21) as it relates to AAC R3-11-502 (L) (7) (d) route of administration was not documented in the medical record for convenia on July 27, 2017.

Vote: The motion was approved with a vote of 5 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.



Tracy A. Rierdeau, CVT
Investigative Division



ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

1740 W. ADAMS ST, STE. 4600, PHOENIX, ARIZONA 85007

PHONE (602) 364-1-PET (1738) • FAX (602) 364-1039

VETBOARD.AZ.GOV

IN ACCORDANCE WITH § A.R.S. 32-2237(D): "IF THE BOARD REJECTS ANY RECOMMENDATION CONTAINED IN A REPORT OF THE INVESTIGATIVE COMMITTEE, IT SHALL DOCUMENT THE REASONS FOR ITS DECISION IN WRITING."

At the February 21, 2018 meeting of the Arizona State Veterinary Medical Examining Board, the Board conducted an Informal Interview in case 18-16, In Re: Edwin Keisel, DVM.

The Board considered the Investigative Committee Findings of Fact, Conclusions of Law, and Recommended Disposition:

1. *ARS § 32-2232 (22) Medical incompetence; lacked sufficient knowledge or skill to a degree likely to endanger the health of the cat as demonstrated by the inability to intubate the cat or place an IV catheter. The cat's elevated renal values and anemia did not warrant delaying the tooth extraction.*
2. *ARS § 32-2232 (21) failure to maintain adequate medical records – extraneous information in the medical records.*
3. *ARS § 32-2232 (21) as it relates to AAC R3-11-502 (E) no discharge instructions documented in the medical record on July 15, 2017 or July 27, 2017.*
4. *ARS § 32-2232 (21) as it relates to AAC R3-11-502 (H) (1) no signed authorization was obtained before general anesthesia was administered or surgery was performed.*
5. *ARS § 32-2232 (21) as it relates to AAC R3-11-502 (H) (3) no surgical monitoring was documented on July 15, 2017 or July 27, 2017.*
6. *ARS § 32-2232 (21) as it relates to AAC R3-11-502 (L) (2) no weight documented in the medical record on July 15, 2017.*
7. *ARS § 32-2232 (21) as it relates to AAC R3-11-502 (L) (4) no results of an exam documented in the medical record on July 15, 2017.*
8. *ARS § 32-2232 (21) as it relates to AAC R3-11-502 (L) (6) failure to accurately document treatment provided on June 8, 2017, July 15, 2017 and July 27, 2017;*
 - a. *June 8, 2017 – treatment not documented;*
 - b. *July 15, 2017 – cat presented for blood work which was not performed. Records indicate cat was anesthetized, Respondent claims the cat was not anesthetized on that day; and*

c. July 27, 2017 – Records state Respondent was going to perform anesthesia and radiographs however the records also indicate cat was anesthetized and the teeth were cleaned.

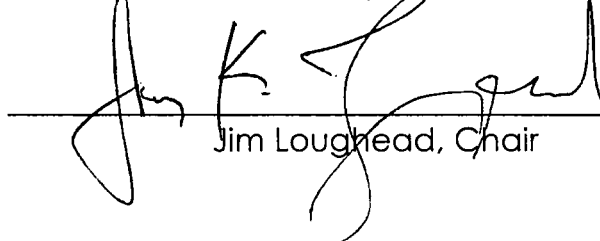
9. ARS § 32-2232 (21) as it relates to AAC R3-11-502 (L) (7) no documentation in the medical record of the convenia administered to the cat on June 8, 2017.
10. ARS § 32-2232 (21) as it relates to AAC R3-11-502 (L) (7) no documentation in the medical record of the anesthesia administered to the cat on July 27, 2017.
11. ARS § 32-2232 (21) as it relates to AAC R3-11-502 (L) (7) (d) route of administration was not documented in the medical record for convenia on July 27, 2017.

Following the Informal Interview with Respondent, the Board did not agree with all of the Investigative Committee's findings due to insufficient evidence and voted to find the following:

1. ARS § 32-2232 (22) Medical incompetence; lacked sufficient knowledge or skill to a degree likely to endanger the health of the cat as demonstrated by the inability to intubate the cat or place an IV catheter and proceeded with the dental cleaning.
2. ARS § 32-2232 (21) as it relates to AAC R3-11-502 (E) no discharge instructions documented in the medical record on July 15, 2017 or July 27, 2017.
3. ARS § 32-2232 (21) as it relates to AAC R3-11-502 (H) (1) no signed authorization was obtained before general anesthesia was administered or surgery was performed on July 15, 2017 or July 27, 2017.
4. ARS § 32-2232 (21) as it relates to AAC R3-11-502 (L) (4) no results of an exam documented in the medical record on July 15, 2017.

Respectfully submitted this 21st day of March, 2018.

Arizona State Veterinary Medical Examining Board



Jim Loughhead, Chair